

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000029780

1. Entity Name
METROPICAS DESIGN, INC.



Principal Place of Business
**1122 E ATLANTIC AVE
B
DELRAY BEACH, FL 33483 US**

Mailing Address
**PO BOX 613
BOCA RATON, FL 33429 US**



04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0480924	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BLACK, BRIAN
727 ST. ALBANS DRIVE
BOCA RATON, FL 33486**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE _____ (Type or print name of registered agent and file if applicable) (NOTE: Registered Agent signature not required for filing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD	NAME BLACK, BRIAN
STREET ADDRESS 727 ST. ALBANS DRIVE	
CITY-ST-ZIP BOCA RATON, FL 33486	
TITLE VPD	NAME BLACK, CARLA
STREET ADDRESS 727 ST. ALBANS DR.	
CITY-ST-ZIP BOCA RATON, FL 33486	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, upon an attachment with an address, with all other like empowered.

SIGNATURE: **BRIAN BLACK**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05 **561 279 7929**
Date Date of Filing